



Report of an Inspection of an International Protection Accommodation Service Centre.

Name of the Centre:	Atlantic Lodge
Centre ID:	OSV-0008416
Provider Name:	Cromey Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	09/04/2024 and 10/04/2024
Inspection ID:	MON-IPAS-1020

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

In 2015, a working group commissioned by the Government to review the international protection process, including direct provision, published its report (McMahon report). This group recommended developing a set of standards for accommodation services and for an independent inspectorate to carry out inspections against. A standards advisory group was established in 2017 which developed the *National Standards for accommodation offered to people in the protection process* (2019). These national standards were published in 2019 and were approved by the Minister for Children, Equality, Disability, Integration and Youth for implementation in January 2021.

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

This planned reform was based on average projections of 3,500 international protection applicants arriving into the country annually. However, the unprecedented increase in the number of people seeking international protection in Ireland in 2022 (13,319), and the additional influx of almost 70,000 people fleeing war in the Ukraine, resulted in a revised programme of reform and time frame for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

¹ Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children

² United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)

³ Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

⁴ European Communities (Reception Conditions) (Amendment) Regulations 2023 provide HIQA with the function of monitoring accommodation centres excluding temporary and emergency accommodation

About the Service

Atlantic Lodge is an accommodation centre located in a small town in Co. Kerry. The centre had previously operated as a hotel and was located within walking distance of centre of the town. There was one main building on the premises, with three portakabins (used for storage) to the rear. The main building contained 26 bedrooms and could accommodate up to 108 residents. The bedrooms in the centre varied in size and were used to provide accommodation for families and single adults. At the time of inspection 59 people were accommodated in Atlantic Lodge.

The entrance to the accommodation centre led to a large reception area. This contained a reception desk and a staff office, and an open space with comfortable seating and children's toys. The main building also contained a laundry facility, a large dining room with games tables, meeting rooms, and kitchen facilities. All bedrooms contained an en-suite bathroom with a shower, and there were some public toilets available in the reception area.

Atlantic Lodge was managed by a centre manager who reported to a director of operations. The senior management team also included a director of services. The centre manager oversaw a team of 16 staff, including reception staff, night porters and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	59
---	----

How we inspect

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process* (2019). To prepare for this inspection, the inspector reviewed all information about the service. This includes any previous inspection findings, information submitted by the provider, provider representative or centre manager to HIQA and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff to find out how they plan, deliver and monitor the services that are provided to residents
- speak with residents to find out their experience of living in the centre
- observe practice to see if it reflects what people tell us and
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service provider is complying with standards, we group and report under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the service and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the service people receive and if it was of good quality and ensured people were safe. It included information about the supports available for people and the environment which they live.

A full list of all standards that were inspected against at this inspection and the dimension they are reported under can be seen in Appendix 1.

The inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09/04/2024	11:50-18:50	Amy McGrath	Lead Inspector
09/04/2024	11:50-18:50	Pauline Clarke	Support Inspector
10/04/2024	08:55-16:00	Amy McGrath	Lead Inspector
10/04/2024	08:55-16:00	Pauline Clarke	Support Inspector

What residents told us and what inspectors observed

Through speaking with residents and staff, reviewing documents, and from what was observed during the course of the inspection, this inspection found that residents in Atlantic Lodge were generally well supported. While there was some mixed feedback from residents regarding the consistency of support, most were satisfied with the service and its facilities. The service provider had made efforts to assist residents to integrate into the local community and to provide safe and comfortable accommodation. While there were positive findings with regard to the service provided, for example, in accommodation, catering and integration, there were some areas that required attention or improvement to meet the standards. This included staff training, risk management, and governance and management systems. Inspectors found that the provider was committed to addressing any areas requiring improvement, and had self-identified some of these issues prior to the inspection.

This was the first inspection of Atlantic Lodge by HIQA. The inspection took place over two days and was unannounced. On arrival inspectors met with the centre manager who was working at the reception area of the centre at the time. Over the course of the inspection, inspectors met with the service provider representative, a director of operations, an administrative staff member, maintenance staff and reception staff.

Inspectors also met and spoke with 10 residents, including one child, and observed others as they carried out their day. Inspectors observed residents walking around the building, meeting with friends, resting in the lounge area and using other facilities in the centre over the course of the two days.

The centre was located in a small town in Co. Kerry. It was a large two-storey building with a car park to the front and neat landscaped areas on two sides. The building previously operated as a hotel, and was situated within walking distance from the main street of the town, with easy access to services such as schools and shops.

Atlantic Lodge had capacity to accommodate 108 residents. At the time of inspection there were 59 people living in the centre. Accommodation was provided across 26 bedrooms, with seven of these used to provide accommodation for families. The remainder of bedrooms housed single adults. All but one of these bedrooms accommodated two or three adults, with one single room occupied at the time of inspection. The maximum occupancy of any room designated for adults was three. However if maximum capacity of the centre was reached, this would increase to four.

Inspectors completed a walk-around of the centre shortly after arrival. The reception desk was located at the entrance to the building and was situated in a large open space with multiple couches and coffee tables. There was a small area that contained toys for children. The reception area also contained two public bathrooms and a staff office. There was a small meeting room located between the reception area and the adjacent dining room. The dining room was bright and spacious and contained numerous dining tables of various sizes and chairs for residents to use. There were multiple full-size table games in this room, such as table-tennis and pool. There was a shelved corner in the dining room that contained a wide selection of books and DVDs for residents' use.

The dining room provided direct access to the residents' kitchen. The kitchen contained six individual cooking stations, each with a cooking hob, oven and grill. There was space for preparation of food and for washing dishes and pots. This area was observed in use by residents who were cooking meals for themselves and their families over the course of the inspection. Residents spoken with gave positive feedback about the kitchen facilities, and said they liked that the kitchen was always open.

Residents were responsible for cleaning the kitchen after use and staff in the centre carried out a deeper clean on a planned basis. The kitchen was generally clean and tidy, with some areas requiring more attention. For example, some oven doors had a build-up of food, and there were pieces of wood stored on a food preparation area.

As the centre provided self-catering accommodation, residents purchased their own food. This was facilitated through an online grocery shop operated by the provider. Residents used their allocated points to purchase food and some non-food items, and their orders were delivered to the centre. Deliveries occurred three times per week. Most residents were complimentary of this service, and it was noted there was a wide variety of items available, with various price points. There were also food items available to meet residents' cultural or dietary preferences. Some residents told inspectors that food, such as meat or vegetables, was not always very fresh, or was close to its expiration date. While there were arrangements in place for residents to return these items, or to receive a refund, not all residents were aware that this was an option. This information needed to be clearly communicated to residents to ensure they were satisfied with the food they were buying.

The kitchen led further into an area used by staff for storage. There was some evidence of mould and damp on the ceilings in these areas, which stored cleaning products and other non-food items. There were some other maintenance issues on the ground floor at the time of inspection, including significant damage to an area of the ceiling in the reception area. This was being addressed by the provider at the time of inspection and most of the repair work had been completed by the end of the second day. There were other areas of damp or paint damage along the corridors. While these had not yet been addressed by the provider, they were noted to be included on the maintenance plan.

Residents were asked for their views on the laundry facilities in the centre. A laundry room was located at the rear of the building. This contained eight washing machines and eight dryers. There were also two hand-wash sinks. Residents gave generally positive feedback about the laundry arrangements. Some of the residents spoken with said that as they received just one set of bed linen on arrival, it could be difficult to have it washed and dried on the same day. One person said they had previously had problems with some machines, but they raised these concerns to the centre manager. All equipment in the laundry room was found to be in good working order at the time of inspection.

Inspectors sought residents' views on the accommodation in the centre, and observed some of the bedrooms. There were eight resident bedrooms on the ground floor of the building, and 18 on the first floor. All bedrooms in the centre contained an en-suite bathroom with a shower, toilet and hand-wash basin.

Inspectors observed a vacant bedroom that was under renovation to prepare for the next occupants. This room was designated to accommodate a family of up to four people, depending on their age. The room had been prepared for painting and there were beds and other furniture ready to be set up when the room was allocated. Although this room had capacity to accommodate the beds required for a small family, due to the configuration of rooms (which were typical of a large hotel room) there would be no separate living space available. The room had a spacious en-suite bathroom.

Inspectors also viewed two residents' bedrooms that were occupied, with their permission. This included one family bedroom, which accommodated two adults and three children. This room contained a double bed, one set of bunk beds and a cot. It also had two chests of drawers, a wardrobe, two lockers, a small table and a fridge. While the space provided was adequate for sleeping space, in accordance with the standards, there was no separate living space, or space for children to play. Inspectors were told that there used to be a playroom available but the room was repurposed as a bedroom.

The other room observed accommodated two adults. It contained two single beds, clothes storage, food cupboards and a table and chairs. There was also a microwave, fridge and kettle in this room. A resident who lived here told inspectors that they were happy living in the centre, and that while it was not ideal to be in a room with another person, they were generally satisfied with the size and facilities.

Residents also spoke to inspectors about their experiences of living in the centre. Many said that they enjoyed living in Atlantic Lodge and told inspectors that staff members were helpful when approached and were friendly. Others however said that they would like to see house rules being applied equally to all residents and improvements in supports from and communication with the staff team.

Inspectors observed that there were some inconsistencies in the application of house rules, for example, smoking in bedrooms or receiving visitors in bedrooms. It was found that there was variance in levels of staff understanding of house rules, and training or experience in managing potential conflict. There were improvements required to some areas of service provision to ensure that clear systems and procedures were place. Improved transparency in areas such as room allocation, house rules, and complaints management would support residents to understand the rationale of decisions made in the centre and would potentially avoid any perceptions of inequality.

Inspectors asked residents about the complaints process in the centre. Some residents who spoke with inspectors said they had no reason to make a complaint but would go to the centre manager if they did. Others said they had made complaints that they felt were not taken seriously. Inspectors found that there were inconsistencies in how complaints were recorded and managed. Consistent application of the complaints policy was necessary to ensure all complaints were considered equally with records maintained of any resolution, and to promote transparency and residents' confidence in the complaints procedure.

Overall it was found that the service provider was endeavouring to operate a centre that met residents' needs and provided the necessary supports. Full achievement of this had been limited to date by the absence of clear procedures and policies to direct staff to deliver a consistent service that was in line with the provider's objectives. Inspectors did find that the provider was implementing a range of quality improvement initiatives that would enhance the operation of the centre and provide better oversight of the service.

The observations of inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the first inspection of Atlantic Lodge by HIQA. The inspection found that the provider had some foundational systems in place to support the delivery of a service that met residents' needs and was adequately monitored. Prior to the inspection, the provider had introduced some operational changes that were found to have influenced improvements in the delivery of the service. Further implementation of the provider's own improvement plans, and additional attention to areas such as risk management, staff training and supervision, and complaints management were necessary in order to better meet the standards. An urgent compliance plan was issued in relation to Garda Vetting; this is discussed in greater detail later in the report.

There was a clear management structure in place in the centre. Atlantic Lodge was managed by a centre manager who oversaw a team of 16 staff members. The centre manager reported to a director of operations, who oversaw a number of other accommodation centres. The director of operations, in turn, reported to a director of service. Both of these senior managers met with inspectors over the course of the inspection. Inspectors also spoke with an administration manager.

In advance of the inspection the provider had carried out a self-assessment of compliance with the standards. Subsequently, they had identified areas where the service was performing well and areas that required improvement to fully meet the relevant standard. There was an improvement plan in place that set out the required actions and this was monitored by the senior management team. It was found that the provider had made clear progress in many areas. For example, a significant number of policies had been reviewed or developed, and the provider had introduced a new record-keeping system to record information about residents' and their support needs.

Many of the deficits found by inspectors were known to the provider, who had a plan in place to address them. In some areas, the provider's plans were in early stages of implementation and it was evident that, given time, the required action would be taken. In other cases, further attention to implementing change was necessary to ensure that action plans could be fulfilled. For example, the provider had developed a risk management policy to direct how risk was managed in the centre. There was a risk register in place that outlined risks the provider had identified in areas such as health and safety, staffing, and service continuity. While these risk assessments had clear control measures in place with an accountable person identified for each, in some cases, the staff member noted as being the responsible person was not aware of the risk management plan. While it was acknowledged that the risk register had been recently developed, it was important that all stakeholders were aware of their roles and

responsibilities as new systems were implemented. This was necessary to ensure that improvement plans were effected well at centre level.

Inspectors found that further improvement was required to the local monitoring systems. For example, while serious incidents were reported as required, there was no system in place to identify, record and learn from other incidents that occurred in the centre. Improved local auditing and a clear reporting system was necessary to ensure that the provider had access to relevant and timely information to inform any quality improvement plans. Particular attention was required with regard to resident consultation, so that their feedback was actively sought and their views informed service delivery.

The inspectors reviewed the staffing arrangements in the centre. There were 16 staff employed to work in Atlantic Lodge. This included reception staff, who also carried out general housekeeping tasks, night porters and maintenance staff. There were arrangements in place to ensure continuity of service in the event of staff absences.

A review of staffing records found deficits in relation to recruitment, including the absence of references for staff members. At the time of inspection, an urgent compliance plan was issued to the provider in relation to Garda Vetting. The provider had not received a vetting disclosure for two of 16 staff, and three staff had not undergone revetting within the required timeframe. An international police check had not been received for two staff members who had resided outside of the State for more than six months. The provider submitted a response following the inspection that gave appropriate assurance in relation to this non-compliance.

The provider had recognised the need for improvement in the area of staff recruitment and had developed a new recruitment policy to ensure the requirements of the national standards were met for any future appointments.

The provider had also developed a policy for staff supervision, and staff appraisal, as part of their own quality improvement plan. It was noted that these policies had been introduced earlier in the year and had yet to be commenced. In consideration of some of the feedback given to inspectors by residents, and having regard to some specific risks identified during the course of inspection in relation to staff training and performance management, it was particularly important that these systems were implemented in a timely manner. Regular supervision and a fit-for-purpose appraisal system was necessary to ensure that staff members received the support required to fulfil their role. The commencement of these systems would also enable the centre manager to address potential training and development needs promptly.

A review of training records found that while staff had undertaken training in some areas, other essential training had not been completed. For example, all staff had

received training in child protection and some staff had completed training in human rights. However, not all staff had undertaken training in adult safeguarding. There was a training plan in place that aimed for staff to complete what the provider deemed to be essential training (for example adult safeguarding); it was noted that the plan acknowledged additional training would be required once this stage was complete.

The development of a centre specific training plan, that assessed the training needs of each staff member based on their roles and responsibilities, and considered the specific needs of the resident group, was required to ensure staff were suitably equipped to carry out their roles. This was particularly important as inspectors found there were some risks in the centre where staff training was required to ensure they were managed in an effective manner. For example, in relation to managing conflict between residents, or in the application of house rules.

Inspectors also reviewed the complaints systems in place in the centre. It was found that while the service provider had developed a detailed complaints policy, complaints had not been managed in accordance with this policy. There was evidence that where a resident made a complaint to staff, this was noted in a communications book for the manager's attention. There were no other records available that documented how complaints were managed. Inspectors observed, through speaking with residents and reviewing other records (for example, maintenance records) that issues raised were generally addressed. In some cases, there were repeated complaints of the same nature, which indicated the issue had potentially not been resolved to the complainant's satisfaction.

A small number of residents told inspectors that they did not have confidence in the complaints process or that complaints were always managed in a fair way. It was evident that lack of adherence to centre policy and the informal manner in which complaints were being managed was unsuitable. Full implementation of the complaints policy was required to ensure that all complaints were recorded and reported in a consistent and transparent way that residents could understand.

The provider had developed a residents' charter which described the service and the facilities available in Atlantic Lodge to residents. While this document contained all necessary information, there were no arrangements in place to translate it into any other languages to ensure it could be fully understood by all residents.

The provider had prepared a number of contingency plans to ensure the service would continue to operate in the event of specific adverse circumstances, such as loss of power or water. There were suitable fire safety arrangements in place in the centre, such as fire containment measures, a detection and alarm system and firefighting equipment; all of which were serviced at regular intervals.

Overall, it was clear that the service provider was motivated to deliver a consistently good-quality service that met the national standards. There were numerous quality improvement initiatives in operation at the time of inspection, with clear objectives and timeframes. While there were areas that needed further improvement or progress, the measures taken to date had created a good foundation for future development.

Standard 1.1

The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

The service provider had taken steps to understand their responsibilities under the relevant legislation and the national standards, and to perform its functions accordingly. There were a variety of policies and procedures in place to direct the operation of the service to ensure it met the requirements of the standards. Some of these were in early stages of development or implementation, having been recently introduced as part of the provider's own quality improvement plan. In these cases, further work was required in order to meet the standards, and the provider had suitable plans in place where necessary. There was evidence that many improvement initiatives had already been implemented with good effect.

Judgment: Substantially Compliant

Standard 1.2

The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

There was a clear management structure in place with a defined reporting structure. The provider had completed a self-assessment of the quality and safety of the centre and was working on some continuous improvement opportunities that this assessment identified.

Inspectors noted many of these actions had been implemented. For example, the provider had developed necessary contingency plans. Other plans were found to be at various stages of implementation. For example, while the provider had made improvements to the risk management systems, the arrangements required further implementation to be fully effective.

As there were numerous operational plans in place at the time of inspection, further attention to the roles and responsibilities of staff members in any developments to the operation of the centre was required. This was necessary to ensure staff and the centre manager were clear with regard to their roles in the ongoing running of the centre.

There was a complaints policy available in the centre. Inspectors found records of some complaints that were not managed in accordance with the provider's own policy, although it is noted that most issues were resolved.

Judgment: Partially Compliant

Standard 1.3

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

There was a residents' charter in place that accurately described the service and was available to residents. At the time of inspection the charter was produced in English. However there were no arrangements in place for it to be available in any other language, if required by a resident.

Judgment: Substantially Compliant

Standard 1.4

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

There were systems in place to oversee and monitor the quality of care and the experience of people living in the centre. These systems could be further enhanced to include defined arrangements to seek feedback from residents, and the introduction of some local, centre-based monitoring systems. This would ensure that the centre's quality improvement plan was consistently addressing centre specific issues as it developed, and was informed by residents' needs and experiences.

Judgment: Substantially Compliant

Standard 2.1

There are safe and effective recruitment practices in place for staff and management.

The provider had not ensured that recruitment practices in the centre were consistently safe and effective. The provider had not obtained a Garda vetting disclosure for two members of staff. Three staff members had not been re-vetted in the timeframe set out in national policy. Additionally, the provider had not received international police checks for two staff members who had resided outside of Ireland for a period of six months or more. An urgent compliance plan was requested from the service provider in relation to these issues, and a satisfactory response was submitted.

Judgment: Not Compliant

Standard 2.3

Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

The provider had developed a policy for staff supervision and for performance management. At the time of inspection, these arrangements had not been fully implemented. A complete commencement of the supervision policy was required to provide adequate support for staff to fulfil their duties, to raise issues where necessary and promote professional accountability.

Judgment: Partially Compliant

Standard 2.4

Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

The provider had carried out an analysis of staff training needs. There was a plan in place to provide staff with the necessary training to effectively carry out their roles. As this was in the early stages of implementation, there remained some deficits in relation to staff training. Staff had not yet engaged in training in areas specific to residents' needs or risks in the centre, and not all staff were trained in some key areas. For example, 13 of 16 staff had not completed training in adult safeguarding. The provider had arrangements in place to oversee the completion of the training plan.

Judgment: Partially Compliant

Standard 3.1

The service provider will carry out a regular risk analysis of the service and develop a risk register.

The provider had carried out an analysis of risk in the centre and this was recorded in a risk register. The register outlined identified risks and the control measures in place. It included risks in areas such as health and safety, and staffing. Specific risks to residents had also been assessed. Further development to the risk assessment process was necessary to ensure it was regularly reviewed and updated to reflect any changes in circumstances, or after an incident occurred.

In implementing a revised approach to risk management, this provider also needed to consider further staff roles and responsibilities in this process. In some cases, where the management of a specific risk was assigned to a staff member, the staff member was not fully aware of the control measures in place.

There were contingency plans in place to manage specific circumstances that had potential to cause service disruptions.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the governance and management systems, while requiring some further development, were generally supporting the delivery of a good-quality and safe service. While feedback from residents about the service was somewhat mixed, the implementation of planned operational changes would ensure a more consistent service was provided to all residents. The provider had adopted a culture of quality improvement, with positive outcomes in areas such as accommodation, catering and cooking facilities, and integration. Further development in areas such as person-centred care and support, and identification and response to special reception needs, were necessary to meet the standards and ensure the service met each resident's individual needs.

Atlantic Lodge had previously operated as a hotel. There were 26 bedrooms located across two floors. Although modest in size, they met the size requirements of the standards. They were generally maintained in good condition and well furnished. The remainder of the building was mostly occupied as communal space or used for resident facilities. There was a large lounge area on immediate entry to the building that contained comfortable seating, coffee tables and a small selection of toys. There was a meeting room available for residents near the reception. The dining room was bright and spacious, and was equipped with ample seating and storage; it also contained a pool table, a ping-pong table and a small library of books and DVDs.

The centre provided self-catering accommodation. Residents prepared and cooked their own meals in the centre kitchen which contained six cooking stations. Each of these stations was equipped with an oven, grill and hob. The kitchen area also contained ample counter space and equipment for safe food preparation. There were designated sinks available for handwashing, and for washing dishes and utensils. There was a large freezer in the kitchen, with labelled food items stored within. Residents each had their own fridge in their room.

Residents who talked with inspectors said that they were happy with the catering facilities and inspectors observed them in use over the course of the inspection. Residents generally cleaned the space they used in the kitchen after use, and staff carried out a deeper clean of the kitchen facilities when required. While generally clean and tidy, some further attention was required to some areas. For example, there was a build-up of dirt on some of the oven doors, and some areas with an accumulation of rust that would prevent thorough cleaning.

As this centre was self-catered, residents who lived here purchased their own food. Residents purchased food (and some non-food items) through an online shop operated by the provider. Purchases were made using points that were allocated to each resident. Orders were delivered directly to the centre three times per week. The provider ensured that residents' cultural or religious dietary requirements were considered in this arrangement where necessary. For example, residents could choose to purchase Halal meat, or to buy grains or vegetables common to a particular cuisine.

Most residents told inspectors that this arrangement worked well. All residents who engaged with inspectors were complimentary of the variety available. Some said that they had occasionally received items such as meat or vegetables that they considered to be past their use-by date. Inspectors asked staff and the centre manager about this and found there was an arrangement in place for residents to return any items they were not happy with for an exchange or refund. It was found however, that not all residents were aware that this was an option for them. The centre manager also told inspectors that residents would be supported to buy any essential food items if they ran out while waiting for the next delivery to the centre.

Some residents told inspectors that it could be difficult to afford some items such as toiletries or cleaning products using their points. A number of residents availed of supports from local charities to help with buying these items. From speaking with residents, inspectors found there was a mixed understanding of what items were provided by the centre. Some said they received essential toiletries on arrival, and were provided with cleaning materials, and others said they did not receive any personal toiletries or cleaning materials which they said made their first few weeks in the centre difficult. Clarity regarding the provision of non-food items was required to ensure equity, and to support residents to suitably budget their points allowance.

Residents were provided with items such as bedding, towels, crockery, and cutlery on arrival to the centre. Inspectors were informed by residents that they received just one set of bedding and towels, and it was often difficult to wash and dry them in the same day. While staff members explained to inspectors that residents could ask for a second set if required, this was not known to residents. The standards require that two sets of bedlinen and towels are provided on arrival.

Inspectors observed the laundry facilities in the centre. These were located at the back of the building. There were eight washing machines and eight dryers available. Residents told inspectors that for the most part, the facilities met their needs. There were arrangements in place to ensure the laundry facilities were maintained in good condition.

Inspectors observed a number of bedrooms during the inspection. This included one vacant family room that was undergoing renovation to prepare for the next occupants. The provider had made minor required repairs to the bathroom and prepared the room for painting. The centre manager showed inspectors where the necessary items for new arrivals were stored, such as bedding, small appliances and furniture, which would be provided as required.

Inspectors also viewed two occupied rooms. These were found to be maintained well, with some minor signs of wear and tear, such as chipped paint. They contained good quality and sufficient furniture for residents to sleep, eat and store their belongings. Most residents told inspectors they were happy with their accommodation. They also said that any maintenance issues were promptly addressed.

There was one longstanding maintenance issue with a resident's shower that meant it was out of use for a long period of time. While the provider had offered the resident a smaller room with a working shower, or the use of other shower facilities outside of the residents' room, they had preferred to keep their family in a larger room and declined these offers. This issue was brought to the attention of the operations manager at the time of inspection to be addressed.

Residents each had their own key card for their bedrooms. The remainder of the centre, with the exception of staff office and storage areas, was freely accessible and inspectors observed residents using various facilities throughout the course of the inspection. For example, some residents were observed socialising in the dining room and listening to music together, and some were seen using the lounge area with their children. The provider had facilities in place for residents to store large or infrequently used items to maximise space in their bedrooms. For example, there was a storage unit available behind the centre. Strollers were safely stored in an area near the stairs.

Inspectors reviewed the process of allocating rooms to residents in the centre. There was a policy in place regarding room allocations, although it was not clear if any new residents had arrived in the centre since this policy was put in place. It was found however, that the centre manager made efforts to allocate accommodation based on residents' needs. For example, one person was accommodated in a single room to meet known healthcare needs. The allocation process ensured that families were accommodated together. Inspectors received feedback from residents that suggested their needs and preferences were considered in the allocation of rooms. A small number of residents told inspectors they did not feel that the allocations process was always applied fairly. Improved record keeping was necessary to demonstrate that allocations were carried out in a transparent way and in line with the provider's own policy.

Through discussion with staff and speaking with residents, inspectors found that for the most part, the welfare and wellbeing of residents was well considered. Residents

received support shortly after their arrival to avail of important resources and services, for example, to register with a general practitioner (GP), apply for a medical card, or register children with local schools. The level of support provided to residents varied based on their needs and their level of independence. The provider had identified prior to the inspection that improvement was required with regard to record keeping in this area, to more accurately reflect the work undertaken by staff and to accurately record the supports provided to residents. A new system had been implemented, and a basic record had been developed for all residents, with a clear plan and system in place to better manage records on an ongoing basis.

There were systems in place to ensure residents received necessary or useful information. Residents received information about the local community and about the centre itself when they first arrived to Atlantic Lodge. There was also a notice board in the dining area with up-to-date information on local and national services in areas such as healthcare, legal aid, child protection services and local community events.

There was some evidence that the provider had considered the needs and interests of children in the planning of the service, however there were minimal facilities available for children in the centre. While efforts had been made to make communal spaces appealing and comfortable, there were few resources dedicated to children's needs. For example, there was no protected space for children to do homework or study. There was no playground or outdoor play area for children; the centre had a large car park to the front, and a raised landscaped area on two sides. There was one swing on a tree in this space. It was noted there was a public playground within walking distance from the centre. The centre manager had also supported residents with young children to enrol in local pre-schools. Older children attended schools in the local area.

While it was found that residents were facilitated to have family and friends visit the centre, there were inconsistencies in how rules regarding visitors were applied, particularly in relation to entertaining visitors in residents' bedrooms, which was not permitted. This was of concern as in some cases visitors were taken to shared bedrooms, which was against the wishes of others living in the room. While action was taken at the time to temporarily relocate one resident to another room on foot of their dissatisfaction, this lack of adherence to centre policy had ultimately led to an avoidable situation.

There were security measures in place in the centre, although these had not been determined by an assessment of risk. There was no security staff present during the day, and a night porter was available overnight. Inspectors found that some incidents had occurred in the centre that were not managed in accordance with the provider's own policies and house rules. From a review of records and discussion with staff it was found that some security incidents were not resolved at the time they occurred. For example, on one occasion when visitors refused to leave the centre when asked, they

were permitted to remain in a bedroom; a subsequent security incident arose from this which was difficult for one staff to manage safely. As stated previously, consistent application of the house rules was required to ensure all residents were consistently safe and their rights were respected. A review of security risks and arrangements was required to ensure that staffing levels, and staff training, was appropriate to meet the security needs in the centre.

There was CCTV in all common areas, such as the dining space and hallways. There was clear signage in place in all areas where CCTV was present and there was a policy in place to direct how CCTV was managed. There was no private space for residents to meet without CCTV.

Inspectors reviewed the safeguarding arrangements in the centre; the provider had developed various policies and procedures to promote resident welfare and safety. For example, there were policies on child protection, adult safeguarding, protected disclosures, and responding to allegations against staff members. Inspectors were assured that the provider managed any potential safeguarding risks in accordance with the relevant policy.

The inspectors found that some development was required with regard to the adult safeguarding policy. A centre-specific adult safeguarding policy was necessary to provide clearer guidance to staff as to their individual responsibilities in safeguarding vulnerable adults. It was also found that not all staff had undertaken training in adult safeguarding.

In addition to the child safeguarding policy, there was a child safety statement available, which was displayed in the centre. All staff had received training in child protection. There was a designated liaison person appointed. Staff spoken with were knowledgeable regarding the child protection policy, and their role in reporting any concerns. At the time of inspection there were no active child protection or welfare concerns noted or observed. There was evidence that where a child welfare concern had been identified, it was managed and reported appropriately.

There were arrangements in place to report any significant incidents that occurred in the centre, however there were minimal records maintained about other incidents or adverse events. The incident management arrangements required further development to ensure that all adverse incidents were appropriately recorded. This was needed to ensure that relevant and accurate information about incidents and accidents was maintained. This would better enable the provider to effectively review incidents and inform risk management arrangements.

Inspectors reviewed how the provider sought feedback and consulted with residents. There were some arrangements in place for residents to share their views on the service, for example, the online shop contained a suggestions feature that residents used to make requests or give feedback on this service. Some residents told inspectors

that they would speak directly to staff if they needed to tell them something, and most said staff were responsive to their feedback. Some other residents told inspectors they were reluctant to give feedback to staff. There was a system in place for residents to call a phone number to report any issues or concerns, however most residents spoken with were not aware of this.

The provider had acknowledged in their own self-assessment that a better system to actively seek resident feedback was required. There were plans in place to commence residents meetings and to consult with residents in a more targeted way. Based on the findings of this inspection, it was evident that there were some issues residents had that, if known to the provider, could be easily addressed. Improved engagement would ensure that the provider's quality improvement plans were informed by residents' views, and effected positive change. There were very few residents living in the centre with known special reception needs. The provider had been made aware of some of these vulnerabilities in advance of the resident arriving to the centre. In other cases, staff in the centre had identified special reception needs. In any event, the provider made sure additional support was provided where necessary. As stated previously, the service provider was working on ensuring all staff had the necessary training to carry out their roles; this needed to be expanded to ensure that staff had suitable training in special reception needs and vulnerabilities to support staff to understand and respond to special reception needs.

At the time of inspection there was no dedicated Reception Officer employed in the centre. It was found that the centre manager and staff team were fulfilling some reception officer duties. A dedicated and suitably qualified Reception Officer was required, as outlined in the standards, to provide a planned and consistent approach to identifying and addressing special reception needs. The addition of a Reception Officer at senior management level would also assist the centre manager to take on the additional responsibilities and operational tasks required to fulfil the centre's quality improvement plan. The provider had identified this deficit and had plans in place to recruit a suitable Reception Officer.

Inspectors also found that there was no policy in place regarding special reception needs. The provider had a plan in place to develop one as part of their action plan to meet the requirements of this standard.

Standard 4.1

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

There was a policy in place regarding the allocation of accommodation. This set out how allocations would be informed by residents' needs and other circumstances. At the time of inspection there were minimal records available to demonstrate these practices, however residents told inspectors that their requests and preferences were considered.

Judgment: Compliant

Standard 4.4

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

The privacy and dignity of family units was generally well respected and promoted. Families were accommodated together and each family room had an en-suite bathroom. Families received suitable furniture to meet their needs. While family rooms provided suitable sleeping arrangements, due to the configuration of the building, they did not have adequate room for a separate living space for families.

Judgment: Substantially Compliant

Standard 4.5

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

The centre had various facilities available for adults, such as spaces for dining, a large lounge area and a small library. There was a meeting room available for residents to use, however there were no spaces for residents to hold meetings in private. The centre itself had limited facilities available for children. Some facilities, such as toys and books, were available in communal areas. There was no separate or dedicated space for children to play. There was a public playground in walking distance from the centre.

Judgment: Partially Compliant

Standard 4.6

The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

The provider had assisted residents to access crèche and pre-school facilities in the community. Older children attended school in the local area. There was no after-school or homework club provided in the centre, and there were no study spaces or materials (including computers) available in any communal areas for children.

Judgment: Partially Compliant

Standard 4.7

The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

Inspectors found that the communal areas in the centre were generally clean and tidy. At the time of inspection the provider was managing a considerable maintenance issue which impacted the tidiness of the reception area, however it was clear that efforts were made to address the issue in a way that had the least impact on residents.

There were sufficient laundry facilities available to residents. These were maintained in good working order. Residents purchased their own laundry products.

Judgment: Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

While the provider had security measures in place, including a policy on how CCTV was operated and managed in the centre, it was found that not all measures were based on an assessment of the security risks in the centre. The security measures had not been reviewed following a security incident to ensure they were suitable or were effective in minimising the likelihood of a violent incident occurring.

Judgment: Substantially Compliant

Standard 4.9

The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

The provider had ensured residents had access to non-food items, such as bedding, towels, and cooking equipment. However, not all items were provided in sufficient quantity, such as bed linen. Cleaning supplies were provided to residents, although it was found that this was not consistently carried out. Residents received an additional allowance to purchase feminine hygiene products and contraception through the centre's shop. They purchased all other personal toiletries themselves. The centre supported residents with children to avail of additional funding to purchase nappies.

Judgment: Substantially Compliant

Standard 5.1

Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

The provider had made suitable facilities available to residents to prepare and cook meals. There was a kitchen with six cooking stations and suitable equipment and facilities for food preparation. There was adequate dining space available and space for residents to store their food items safely.

Some areas of the kitchen required a deep clean, however it was generally clean and tidy. There was a freezer in a separate storage area with a build up of frost that prevented it from closing fully, and compromised the safety of food items stored within. This was addressed by the provider before the inspection concluded.

Judgment: Substantially Compliant

Standard 5.2

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

The provider had implemented a system whereby residents ordered food and other grocery items on-line that were delivered to the centre. Deliveries were scheduled three times per week. This arrangement facilitated choice and independence for residents. There was also a facility for residents to give feedback or make suggestions about items they would like to see stocked. Items were available from the shop to meet residents' various cultural, religious and dietary requirements.

Judgment: Compliant

Standard 6.1

The rights and diversity of each resident are respected, safeguarded and promoted.

There was evidence that staff considered and respected residents' rights. Inspectors found some instances where staff supported residents to uphold their rights and where their individual needs were respected. Inspectors also observed cases where residents rights' were not adequately promoted, for example, when reviewing records related to an incident inspectors found the report did not demonstrate respect to all residents.

While it was evident that the provider and centre manager endeavoured to provide a service that was equitable to residents, a small number of residents told inspectors that they felt some groups of people were treated better than others. While there was no evidence of unequal treatment in the centre, improved transparency in areas such as room allocations and management of complaints was necessary to reduce the likelihood of perceived inequalities.

Judgment: Partially Compliant

Standard 7.1

The service provider supports and facilitates residents to develop and maintain personal and family relationships.

The service provider supported residents to develop and maintain friendships and other personal relationships. There was a visitors policy in place that stated visitors were welcome in communal areas of the centre. It was found that residents often had visitors, and they were generally received in the communal lounge or dining hall.

However, there was evidence that the visitors policy was not consistently applied, with some residents noted to have received visitors to their own rooms against the wishes of other residents.

Judgment: Substantially Compliant

Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

The provider had arrangements in place to support residents to access public services they required. There was ample and up-to-date information available on public notice boards. There was no transport service provided in the centre, however there was good access to public transport services and information such as routes and timetables were available at the reception area for residents. The provider engaged with local support organisations and assisted residents to engage in leisure and recreation activities.

Judgment: Compliant

Standard 8.1

The service provider protects residents from abuse and neglect and promotes their safety and welfare.

There was an adult safeguarding policy in place. However, this policy was based on a national policy related to a specific demographic of vulnerable adults, and did not provide sufficient guidance to staff about how to manage safeguarding concerns for adults living in the centre.

There was evidence that where an adult safeguarding risk was identified, the provider took steps to protect and promote their safety. Improved record keeping in this area was required to ensure that any safeguarding measures were recorded and monitored for effectiveness. Not all staff had received training in adult safeguarding.

Judgment: Partially Compliant

Standard 8.2

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

There were clear policies and procedures in place to ensure children were protected from harm. All staff had received training in child protection. There was a designated liaison person appointed to be responsible to child protection matters. There was evidence that any potential child protection or welfare risks were reported and addressed in accordance with national policy.

Judgment: Compliant

Standard 8.3

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

There was a system in place to record serious incidents and report them to the relevant department. Improvements to the incident management system were required to ensure that all adverse incidents were adequately recorded and that information about incidents was reviewed and evaluated.

Judgment: Partially Compliant

Standard 9.1

The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.

Residents told inspectors that staff supported them to engage with local community health and welfare services. The centre manager ensured residents had up-to-date information about local services. While there were minimal records in relation to the provision of person-centred care, the provider had recognised this as a service deficit and had plans in place to improve record keeping in this area.

Judgment: Substantially Compliant

Standard 10.1

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

It was found that where the provider had been made aware of any special reception needs, they endeavoured to meet them. It was noted that the provider was generally not informed of special reception needs in advance of resident admissions.

Judgment: Compliant

Standard 10.2

All staff are enabled to identify and respond to emerging and identified needs for residents.

While there was evidence that staff supported residents with specific needs, at the time of inspection there was no system in place to provide guidance to staff as to how they were to identify and meet special reception needs. Staff had not received specific training that would support them in identifying or responding to potential special reception needs.

Judgment: Partially Compliant

Standard 10.3

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

At the time of inspection the service provider did not have an established policy to identify, communicate and address existing and emerging special reception needs.

Judgment: Not Compliant

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

At the time of inspection, the provider had not employed a dedicated reception officer with the required qualifications in line with the requirements of the standards. There were plans in place to address this deficit.

Judgment: Not Compliant

Appendix 1 – Summary table of standards considered in this report

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process*. The standards considered on this inspection were:

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Substantially Compliant
Standard 4.5	Partially Compliant
Standard 4.6	Partially Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially Compliant

Standard 4.9	Substantially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Partially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Substantially Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Substantially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

Compliance Plan for Atlantic Lodge

Inspection ID: MON-IPAS-1020

Date of inspection: 09/04/2024 - 10/04/2024

Introduction and instruction

This document sets out the standards where it has been assessed that the provider or centre manager are not compliant with the *National Standards for accommodation offered to people in the protection process*.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider or centre manager must take action on to comply. In this section the provider or centre manager must consider the overall standard when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all standards where it has been assessed the provider or centre manager is either partially compliant or not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Partially compliant:** A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
- **Not compliant** - A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> 1. Training sessions with the staff team in Atlantic Lodge will take place by 31 July 2024 and will address overall governance arrangements within the centre. Some of the specific issues that will be covered include all IPAS and Cromey Ltd Policies and procedures, roles and responsibilities, record management, risk management, complaints, incident reporting and learning, team meetings, supervision and staff appraisal. 2. A plan will be developed on foot of this training day with actions clearly outlining persons responsible and appropriate timeframes. 3. A system of auditing will be implemented from 15 August 2024. Findings from the audits will be used to provide an assurance on the progress of actions and to identify further potential improvements. The first audit will take place in September 2024. This will have a dual focus and includes: <ol style="list-style-type: none"> (a) A once yearly improvement audit that will focus on specific areas of governance and service provision with actions to be identified, persons responsible and timeframe attached. Areas identified in the first audit include: <ul style="list-style-type: none"> - Incidents - Risk management practices - Recording on resident's files 	

- Team meetings
- Supervision and staff appraisal

(b) The centre annual 'Quality Review', where the quality and safety of service provision will be assessed in conjunction with staff, children and adults living in the centre. The findings of the audit will inform service improvement in the centre. A copy of this review will be available to residents and IPAS.

2.1

Outline how you are going to come into compliance with this standard:

The following compliance plan relates to five out of 16 staff employed in the Atlantic Lodge accommodation center.

1. At the time of the inspection, there were no Garda Vetting reports available for two staff members.
 - All staff have Garda Vetting in place. Cromey Ltd submitted a Garda Vetting request to IPAS for the both staff on the 16th January 2024. Garda vetting was received on the 18th April and 4th May 2024 respectively.
2. At the time of the inspection, three staff members did not have Garda re-vetting, in line with the requirements of the RIA November 2018 Policy.
 - All staff have Garda Vetting re-vetting in place. Requests for re-vetting were submitted to Garda Vetting for those three staff members, via IPAS on the 23rd February 2024. Garda Vetting was returned for all staff on the 18th, 24th and 29th April respectively.
3. There were no police checks available for some staff members who had been resident in another country prior to being employed in the centre.
 - All staff who require international police checks have returned evidence of police checks and have been processed by the director of operations.

2.3

Partially Compliant

Outline how you are going to come into compliance with this standard:

1. As per our improvement plan which was in place prior to the inspection, staff supervision is scheduled to be implemented by the end of the first quarter of its implementation, i.e., end of April 2024. The inspection took place on the 9th and 10th of April and consequently was before staff supervision was scheduled to take place. As per the Cromey Ltd policy on supervision, staff supervision will take place on a quarterly basis as planned.
2. As per our Improvement plan which was in place prior to the inspection, staff appraisal is scheduled to take place at the end of the year in line with the Cromey Ltd policy on staff appraisal as planned.

2.4

Partially Compliant

Outline how you are going to come into compliance with this standard:

1. The Cromey Ltd Training Needs Analysis was revised on the 7th May 2024. The revised TNA categorised staff training needs under mandatory and essential, and specific training requirements of staff members, dependent on their role.
2. The Cromey Ltd staff Training Register was also revised on the 7th May 2024 to update all staff training records, in line with the revised training needs analysis.
3. A Cromey Ltd Training Plan for 2024-2027 has been drafted and will be finalised by January 2025 once staff appraisals for 2024 have been completed and relevant training providers have been commissioned.
4. In the interim period, all mandatory staff training (which includes adult safeguarding) will be completed by August 2024.

3.1

Partially Compliant

Outline how you are going to come into compliance with this standard:

As per Standard 1.2 in this compliance plan:

1. Training sessions with the staff team in Atlantic Lodge will take place by 31 July 2024 and will overall will address governance arrangements within the centre. Some of the specific issues that will be covered include all IPAS and Cromey Ltd Policies and procedures, roles and responsibilities, record management, risk management, complaints, incident reporting and learning, team meetings, supervision and staff appraisal.

2. A action plan will be developed on foot of this training day with actions clearly outlining persons responsible and appropriate timeframes. These actions will include
3. A system of auditing will be implemented from 15 August 2024. Findings from the audits will be used to provide an assurance on the progress of actions and to identify further potential improvements.
The first audit will take place in September 2024. This includes:
 - A once yearly improvement audit that will focus on specific areas of governance and service provision with actions to be identified, persons responsible and timeframe attached. Areas identified in the first audit include:
 - Incidents
 - Risk management practices
 - Recording on resident's files
 - Team meetings
 - Supervision and staff appraisal
4. Monthly team meetings will include risk management as a standing item and will ensure that all risks in the center are managed appropriately and recorded on the risk register.

4.5	Partially Compliant
-----	---------------------

Outline how you are going to come into compliance with this standard:

An additional room has been converted in Atlantic Lodge and is available for residents to book as a multi-purpose room including for visits. There is no CCTV in this room.

4.6	Partially Compliant
-----	---------------------

Outline how you are going to come into compliance with this standard:

An additional room has been converted and is available for residents to use as a homework room/classroom. Appropriate study materials will be available in this room.

6.1	Partially Compliant
-----	---------------------

Outline how you are going to come into compliance with this standard:

This compliance plan response from Cromey Ltd did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the National Standards.

8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> 1. Cromey Ltd has drafted a provider specific Interim Adult Safeguarding policy in line with the definitions outlined in the 'National Policy for Adult Safeguarding for the Health Sector' published by the Department of Health in January 2024. <p>The Cromey Ltd Interim Adult Safeguarding policy is designed to be used in conjunction with the 'HSE 2014 Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures', which is the current adult safeguarding framework for adults with a disability and/or those over the age of 65.</p> <p>Cromey Ltd has escalated our concerns with IPAS in respect of the oversight of adult safeguarding concerns, by the Irish state, for 'At Risk Adults' in accommodation centres operated by Cromey Ltd.</p> <p>Currently, Cromey Ltd has not been informed about which state agency will assume responsibility for the assessment and management of adult safeguarding concerns, for 'At Risk Adults' who are outside of the remit of the 'HSE 2014 Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures'. We will await confirmation from IPAs, prior to finalising the Interim Adult Safeguarding policy.</p> <ol style="list-style-type: none"> 2. Record keeping within the centre continues to be implemented. 3. All mandatory staff training (which includes adult safeguarding) will be completed by 30 August 2024. 	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard</p> <p>A Cromey Ltd Incident policy was drafted on the 7th May 2024.</p> <p>All incidents that are within current statutory and IPAS directed reporting arrangements will be recorded on a center specific incident log.</p> <p>Incidents will be reviewed at monthly team meetings to determine if there is any learning and actions to be taken from such identified learning.</p> <p>The center manager will also provide an assurance to the director of operations on the management of all incidents, as part of the supervisory process.</p>	

10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> 1. Training sessions with the staff team in Atlantic Lodge will take place by 31 July 2024 and will overall will address governance arrangements within the centre. Some of the specific issues that will be covered include all IPAS and Cromey Ltd Policies and procedures, roles and responsibilities, record management, risk management, complaints, incident reporting and learning, team meetings, supervision and staff appraisal. In addition guidance will be provided to staff on how to identify special reception needs. 2. A plan will be developed on foot of this training day with actions clearly outlining persons responsible and appropriate timeframes. 3. Responding to special reception needs has been identified as an essential training for some staff members, including the center manager and reception officer. The Cromey Ltd training plan, as outlined under standard 2.4 of this compliance plan will address this matter. 	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> 1. The reception officer role is in place. 2. The reception officer role will be fully implemented at the outset of the new contract with IPAS, which is expected to be in place pending mobilization works and approval by IPAS. 3. A policy and procedure for the reception officer role will be written within a month of that contract being signed. Referrals from the center manager to the reception officer will commence within a month of that contract being signed. The reception officer will be available for clinics within a month of that contract being signed. 	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> 1. The reception officer role is in place. 	

2. The reception officer role will be fully implemented at the outset of the new contract with IPAS, which is expected to be in place pending mobilization works and approval by IPAS.
3. A policy and procedure for the reception officer role will be written within a month of that contract being signed. Referrals from the center manager to the reception officer will commence within a month of that contract being signed. The reception officer will be available for clinics within a month of that contract being signed.

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider or centre manager has failed to comply with the following standard(s):

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Substantially Compliant	Yellow	30 December 2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable	Partially Compliant	Orange	31 July 2024

	for areas within the service.			
Standard 1.3	There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.	Substantially Compliant	Yellow	30 December 2024
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Substantially Compliant	Yellow	30 December 2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	04/05/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30 December 2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and	Partially Compliant	Orange	30 December 2024

	adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31 July 2024
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Substantially Compliant	Yellow	30 December 2024
Standard 4.5	The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.	Partially Compliant	Orange	30 June 2024
Standard 4.6	The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of	Partially Compliant	Orange	30 June 2024

	each child and young person.			
Standard 4.8	The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.	Substantially Compliant	Yellow	31 May 2024
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Substantially Compliant	Yellow	31 May 2024
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Substantially Compliant	Yellow	31 May 2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	See Section 1
Standard 7.1	The service provider supports and facilitates residents to develop	Substantially Compliant	Yellow	31 May 2024

	and maintain personal and family relationships.			
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	30 August 2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	30 August 2024
Standard 9.1	The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.	Substantially Compliant	Yellow	31 May 2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	02 June 2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing	Not Compliant	Red	02 June 2024

	and emerging special reception needs.			
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Not Compliant	Red	02 June 2024